FORM RR-4f (3-66)

RAILROAD RETIREMENT BOARD

REQUEST FOR SSA BENEFIT AND E/R INFORMATION

1 ☐ EMPLOYEE ☐ SPOUSE ☒ SURVIVOR ☐ DISABLED CHILD

$ _____ SSA RATE $ _____ RRB RATE

NAME AND ADDRESS
Bertie A Robertson
39 Blocker St
Ridgeley, W V 26753

2 RRB CLAIM NO. A-705-10-7709

3 DATE RELEASED 01-13-69

4 SOCIAL SECURITY ACCOUNT NO. 220-16-5306

5 DATE OF BIRTH 07-17-97 ☐ DIB

6 POTENTIAL AUXILIARY BENEFICIARIES ☐ WIFE
CHILD: ☐ UNDER AGE 18 ☐ DISABLED ☐ STUDENT

7 NAME ON SSA CARD — TELEPHONE NO.
Bertie A Robertson 738-9656

8 ☐ RR-90 ATTACHED ☒ NOT REQUIRED

9 D/O STATUS REPORT DUE DATE 02-27-69

10 REMARKS W/E Widow: Stanley G Robertson

11

DATE RELEASED TO SSA ~~01-31-69~~ 01-13-69

UNIT District Office - Altoona, Pa (311)

EXAMINER'S SIGNATURE [signature]

RRB

Claim File Copy

MENDMENTS--SMIB ONLY ADJUSTMENT

5 10 7709 PC 1 OLD RATE 197.25 NEW RATE 196.25

PE F N.	MONTHLY RATE PAID			ADJUST. CHECK		CLAIM NUMBER
	OLD RATE	NEW RATE	EFF. DATE	DATE	AMOUNT	
	181.55 196.25	212.55	0268	0668	261.45	A-705-10-7709

ASIC RATE	AMC AMW	INCREASE	REDUCTIONS FOR					
			SSA BEN.	SUP. ANN.	EARLY RET.	MS	SMIB	ACT. ADJ.
4.41	299	16.17		14.04			4.00	

ASIC AMT.	SSA BEN.	SUP. ANN.	SS ACCOUNT NO.	SS CLAIM NO.
		70.00	705-10-7709	

PE F N.	MONTHLY RATE PAID					ADJUST. CHECK	
	OLD RATE	NEW RATE	EFF. RATE	NEW RATE	EFF. DATE	DATE	AMOUNT
	181.55 83.60	92.40 104.50	0168 0268			0668	176.00

ASIC AMT.	BASIC RATE	AMC AMW	INCREASE	REDUCTIONS FOR				
				SSA BEN.	EARLY RET.	MS	SMIB	ACT. ADJ.
	104.50	299					7	

SA BEN.	EMP. RATE - SPOUSE ANN. BASED	SS ACCOUNT NO.	SS CLAIM NO.
57.60	230.58	220-16-5806	220-16-5806

FORM APPROVED
BUDGET BUREAU NO. 70-R011.4

FORM NO. AA-15
(6-61)

DO NOT WRITE IN THIS SPACE

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

EMPLOYEE'S STATEMENT OF SERVICE PERFORMED BEFORE JANUARY 1, 1937, TO EMPLOYERS UNDER THE RAILROAD RETIREMENT ACT

THIS STATEMENT IS NOT AN APPLICATION FOR AN ANNUITY BUT WILL BE FILED FOR FUTURE USE IN CONNECTION WITH YOUR ANNUITY APPLICATION AND IN SOME INSTANCES WITH A CLAIM FOR BENEFITS UNDER THE RAILROAD UNEMPLOYMENT INSURANCE ACT. IF YOU HAVE ALREADY PROVIDED THE BOARD WITH A RECORD OF SERVICE BEFORE JANUARY 1, 1937, YOU NEED NOT FILL OUT THIS FORM. RETURN COMPLETED FORM TO THE RAILROAD RETIREMENT BOARD.

1 NAME *(PRINT)*

Stanley (FIRST) G (MIDDLE) Robertson (LAST)

IF MARRIED WOMAN, GIVE MAIDEN NAME: _____

2 SOCIAL SECURITY ACCT. NO.

705-10-7709

3 SEX

MALE ☒ FEMALE ☐

4 DATE OF BIRTH

06 (MONTH) 19 (DAY) 00 (YEAR)

5 PLACE OF BIRTH *(PRINT)*

Old Town (TOWN OR CITY) Allegany (COUNTY) MD (STATE)

6

FATHER'S Charles (FIRST NAME) — (MIDDLE NAME) Robertson (LAST NAME)

MOTHER'S Viola (FIRST NAME) — (MIDDLE NAME) Northcraft (MAIDEN LAST NAME)

7

WERE YOU ON AUGUST 29, 1935, IN THE ACTIVE SERVICE OF AN EMPLOYER UNDER THE ACT? Yes (YES OR NO)

IF NOT, WHAT WAS THE REASON FOR YOUR ABSENCE FROM EMPLOYER SERVICE ON THAT DATE? [illegible]

8 STATEMENT OF SERVICE BEFORE JANUARY 1, 1937, FOR ALL EMPLOYERS UNDER THE ACT. (USE A SEPARATE *BLOCK* FOR EACH EMPLOYER. ALSO START WITH A NEW BLOCK EACH TIME YOUR OCCUPATION CHANGED, OR YOUR LOCATION CHANGED, OR YOU RESUMED SERVICE AFTER A BREAK OF THREE CALENDAR MONTHS OR MORE. IF YOU PERFORMED SERVICE FOR ANY RAILWAY LABOR ORGANIZATION, LIST SUCH SERVICE IN ITEM 9 ON THE BACK OF THIS FORM.)

(a)

NAME OF RAILROAD OR OTHER EMPLOYER	DATE BEGAN SERVICE	DATE ENDED SERVICE
Western MD Rwy	10 26 15	April 1922
LAST OCCUPATION FOR THIS PERIOD	**DEPARTMENT**	**DIVISION**
Trackman	M of W	
LOCATION	**FOREMAN OR SUPERVISOR**	**NAME EXACTLY AS IT APPEARED ON PAY ROLL**
Old Town, MD	Charles Robertson J.W. Clark	Stanley G. Robertson

(ADDITIONAL BLOCKS ARE PROVIDED ON THE BACK OF THIS FORM)

NOTE: Signature made by mark (X) must be witnessed by two persons to whom the applicant is known, giving their place of residence in full.

_____ (NAME)

_____ (ADDRESS)

_____ (NAME)

_____ (ADDRESS)

Stanley G Robertson
(SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

39 Blocker St
(STREET AND NUMBER)

Ridgeley WVA 26753
(CITY) (ZONE NUMBER) (STATE)

(b)

NAME OF RAILROAD OR OTHER EMPLOYER		DATE BEGAN SERVICE	DATE ENDED SERVICE
Western MD Ruy		April 1922	12-31-36
LAST OCCUPATION FOR THIS PERIOD		DEPARTMENT	DIVISION
Signal Maintainer		Signal	
LOCATION	FOREMAN OR SUPERVISOR	NAME EXACTLY AS IT APPEARED ON PAY ROLL	
Oldtown, MD	G.F. ~~Wisc~~ Weagley	Stanley G. Robertson	

(c)

NAME OF RAILROAD OR OTHER EMPLOYER		DATE BEGAN SERVICE	DATE ENDED SERVICE
LAST OCCUPATION FOR THIS PERIOD		DEPARTMENT	DIVISION
LOCATION	FOREMAN OR SUPERVISOR	NAME EXACTLY AS IT APPEARED ON PAY ROLL	

(d)

NAME OF RAILROAD OR OTHER EMPLOYER		DATE BEGAN SERVICE	DATE ENDED SERVICE
LAST OCCUPATION FOR THIS PERIOD		DEPARTMENT	DIVISION
LOCATION	FOREMAN OR SUPERVISOR	NAME EXACTLY AS IT APPEARED ON PAY ROLL	

9 STATEMENT OF LABOR ORGANIZATION SERVICE PERFORMED BEFORE JANUARY 1, 1937: IN COLUMN "A" ENTER THE INITIALS OF EACH NATIONAL RAILWAY LABOR ORGANIZATION FOR WHICH YOU PERFORMED SERVICE. IN COLUMN "B" IDENTIFY ALL OF THE UNITS FOR WHICH YOU PERFORMED SERVICE IN EACH OF THE NATIONAL ORGANIZATIONS YOU LISTED. USE A SEPARATE LINE FOR EACH UNIT. STATE IN COLUMN "C" THE LOCATION OF EACH UNIT. IN COLUMN "D" STATE THE POSITION HELD WITH EACH UNIT. SERVICE SHOULD NOT BE CLAIMED UNLESS IT WAS FOR PAY.

INITIALS OF NATIONAL ORGANIZATION (A)	UNIT OF THE ORGANIZATION (B)	LOCATION OF THE UNIT (C)	POSITION HELD (D)	PERIOD OF SERVICE	
				FROM (E)	TO (F)

AA-15 (6-61)

FORM APPROVED
BUDGET BUREAU NO. 70-R187.6

FORM AA-3
(4-66)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

APPLICATION FOR SPOUSE'S ANNUITY UNDER THE RAILROAD RETIREMENT ACT

Employee's RRB Claim No. A

Employee's SSA No. 705-10-7709

Field Office No. 311

Officially Filed (MO. 01 DAY 11 YR. 68)

By [signature]

1 Print EMPLOYEE'S NAME (FIRST, MIDDLE INITIAL, LAST)
STANLEY G ROBERTSON

2 Print APPLICANT'S NAME (FIRST, MIDDLE INITIAL, LAST)
BERTIE A ROBERTSON

3 (a) APPLICANT'S NAME and SSA No. as shown on her social security card.

Name: BERTIE A Robertson SSA No. 220165806

(b) If the applicant has no SSA No., or is unable to give it, show place of birth, father's name and mother's name in spaces below.

PLACE OF BIRTH (CITY, COUNTY, AND STATE OR FOREIGN COUNTRY)

FATHER'S NAME (FIRST, MIDDLE INITIAL, LAST)

MOTHER'S *MAIDEN* NAME (FIRST, MIDDLE INITIAL, LAST)

4 Have you previously filed an application with the Railroad Retirement Board for any annuity? . . . . . YES / NO X

If "YES," give name and claim number of railroad employee:

Name: RRB Claim No.

5 Date of your birth . . . . . (MO. 07 DAY 17 YR. 97)

6 Sex . . . . . MALE / FEMALE X

Print your *MAIDEN* surname if female: AMICK

7 (a) Date of your present marriage . . . . . (MO. 03 DAY 01 YR. 21)

(b) Place of your present marriage (CITY AND STATE OR FOREIGN COUNTRY):
CUMBERLAND, MD

(c) Was your present marriage performed by a clergyman or authorized public official? . . . . . YES X / NO

If "NO," explain:

(d) Were you married before your present marriage? . . . . . YES X / NO

If "YES," give the following information about each of your previous marriages:

PREVIOUS MARRIAGE(S)		TO WHOM MARRIED	HOW MARRIAGE ENDED (DEATH, DIVORCE, ANNULMENT)	MARRIAGE ENDED	
DATE	CITY AND STATE			DATE	CITY AND STATE
1916	Romney WVa.	Robert Sunderland	Death	12-18-18	Pan Pan WVa

8 (a) Are you and your husband living together at the same address? . . . . . YES [X] NO [ ] | 1 52 / 2 52

If (a) is "NO," answer (b), (c) and (d) below.

(b) Is he under order by any court to contribute to your support? . . . . . YES [ ] NO [ ]

(c) Is he contributing to your support? . . . . . YES [ ] NO [ ]

If "YES," state how often he contributes and in what amounts:

(d) State why you and your husband are not living together:

RECEIVED JAN 1 1968

9 (a) Has your husband any unmarried children, stepchildren, or adopted children who are:

- Under age 18, or
- Age 18-21 and attending school as full-time students, or
- Age 18 or older and have a continuing disability which began before age 18 and which prevents any kind of employment?

. . . . . YES [ ] NO [X]

If "YES," complete Items 9(b) through 9(f). *If "NO,"* continue with Item 10.

(b) Have you in your care any of your husband's unmarried children, stepchildren, or adopted children under age 18? . . . . . YES [ ] NO [ ] | 1 53 / 2 53

If "YES," give the following information about each such child. *(If more than two children, continue in "Remarks.")*

FULL NAME OF CHILD	SSA NUMBER	RELATIONSHIP TO HUSBAND				DATE OF BIRTH						DATES
		LEGIT-IMATE	ADOPTED	STEP-CHILD	OTHER	MO.		DAY		YR.		
												54-59
												60-65

(c) If a child named in (b) has been adopted by someone other than the employee or lives outside your household, give the name and address of each such child:

(d) Has your husband any unmarried children, stepchildren, or adopted children age 18-21 who attend school full time? . . . . . YES [ ] NO [ ]

If "YES," give full name of child and his date of birth:

(e) Have you in your care any of your husband's unmarried children, stepchildren, or adopted children age 18 or older who have a continuing disability which began before age 18 and which prevents any kind of employment? . . . . . YES [ ] NO [ ] | 1 66 / 2 66

If "YES" and your annuity will begin before age 65, complete the supplement to this application (Form AA-3a) for each such child.

(f) If a child is named in (b) or you claimed a disabled child in (e) and your annuity will begin before age 65, you should complete the items shown on the back of this form.

10 (a) Did you work for an employer or labor organization in the railroad industry? . . . . . YES [ ] NO [X] | 1 67 / 2 67

If "YES," give the following information:

NAME OF LAST EMPLOYER	WORKED FROM	TO	MO.	DAY	YR.	
		→				68-73

(b) Did you work for an employer outside the railroad industry after 1936? . . . . . YES [X] NO [ ] | 1 74 / 2 74

If "YES," give the following information about your *last* employer. Also, list all other employers outside the railroad industry in the past 12 months.

NAME AND ADDRESS OF LAST EMPLOYER	WORKED FROM	TO	MO.	DAY	YR.	
[illegible]	051944	→	06	30	65	75-80
NAMES & ADDRESSES OF OTHER EMPLOYERS	WORKED FROM	TO	MO.	DAY	YR.	
		→				04 1-2

(c) Do you have rights to return to work for ANY employer? . . . . . YES [ ] NO [X] | 1 13 / 2 13

If "YES," give the name and address of each such employer.

11 (a) Were you self-employed during the last 12 months? . . . . . YES [ ] NO [X] | 1 14 / 2 14

(b) Are you still self-employed? . . . . . YES [ ] NO [ ] | 1 15 / 2 15

If (a) is "YES" and (b) is "NO," give the date you were last self-employed:

12 Your annuity may begin before age 65 without reduction if you have a child, as described in question 9(b) or 9(e), in your care. If you do not have a child in your care, your annuity may begin as early as age 62 but it must be reduced by 1/180 for each month you are under age 65 when the annuity begins. | 0 16-17

I am applying for an annuity to begin:

(a) On the earliest date permitted by law. Indicate by "X" in this block: . . . . . [X] | 1 18 / 0 19

(b) Later than the earliest beginning date permitted. Give date . . . . . MO. | DAY | YR. [ ] | DATE 23-28

13 (a) Have you filed an application for benefits under the Social Security Act? . . . . . YES [X] NO [ ] | 1 29 / 2 29

If you were awarded benefits under the Social Security Act, give:

KIND OF BENEFITS	BEGINNING DATE OF BENEFITS	MONTHLY RATE OF BENEFITS
OAIB	07/59	$46.00

(b) If your claim for social security benefits is based on another person's earnings record, give his name: and SSA No. [ ] | SSA NO. 30-38

14 Will this application be signed by a guardian or other representative? . . . . . YES [ ] NO [X] | 1 39 / 2 39

TO BE COMPLETED BY APPLICANTS ELIGIBLE FOR ENROLLMENT IN SUPPLEMENTARY MEDICAL INSURANCE PLAN

15 You may enroll during the enrollment periods specified in the law. A monthly premium will be deducted from your annuity when your coverage begins.

Has card under SSA (Prev Filed)

0 40-41

Do you wish to enroll in the SUPPLEMENTARY MEDICAL INSURANCE plan? . . . . . YES [ ] NO [ ] | 1 42 / 2 42

CERTIFICATION: KNOWING THAT ANYONE WHO MAKES ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER FEDERAL LAW IS COMMITTING A CRIME PUNISHABLE UNDER FEDERAL LAW, I CERTIFY THAT THE DATA I FURNISHED IS CORRECT.

SIGNATURE OF APPLICANT: Portia A Robertson | ‡ 43

STREET ADDRESS: 39 BLOCKER ST | ST. & NO. 44-80

05 | 1-2

CITY, STATE & ZIP CODE: RIDGELEY WV 26753 | CITY, STATE & ZIP CODE 23-52

NOTE: *If this application is signed by mark (X), two witnesses, who know the applicant, or a Board representative must sign below.*

1. NAME

2. NAME

COUNTY: MINERAL

TELEPHONE NUMBER: 738-9656

Remarks:

ANSWER THESE QUESTIONS ONLY IF A CHILD IS NAMED IN ITEM 9(b) OR A DISABLED CHILD IS CLAIMED IN ITEM 9(e).

I Are any of the children indicated in Item 9(b) or 9(e) receiving benefits from the Social Security Administration or from the Railroad Retirement Board? . . . . . YES ☐ NO ☐

If "YES," give the following information for each child who is receiving such benefits.

NAME OF CHILD	AMOUNT OF SOCIAL SECURITY OR RR ACT BENEFIT	NAME AND SS ACCOUNT NUMBER OR RRB CLAIM NUMBER OF PERSON ON WHOSE WAGES THE BENEFITS ARE BASED	
		NAME OF PERSON	SSA OR RRB NUMBER

II In the present calendar year, did you or your husband, or any of the children indicated in Item 9(b) work or do any of you expect to work for hire or as a self-employed person? . . . . . YES ☐ NO ☐

If "YES," give the name of each employed or self-employed person and the total amount of expected earnings for this calendar year.

NAME	ESTIMATED TOTAL EARNINGS FOR THIS CALENDAR YEAR

(ANSWERS TO THESE QUESTIONS ARE NOT REQUIRED IF YOUR ANNUITY WILL BEGIN IN THE CURRENT YEAR.)

III (a) Did you or your husband, or any of the children indicated in Item 9(b) work for hire or engage in self-employment during the last calendar year? . . . . . YES ☐ NO ☐

(b) Did any of the persons earn over $1,500 during the last calendar year ($1,200, if the last calendar year was 1965)? . . . . . YES ☐ NO ☐

(c) *If* (b) *is "YES,"* give the following information for each employed or self-employed person. *If more space is needed, use a separate sheet of paper.*

(1) Name of employed or self-employed person:

(2) Total earnings from employment and self-employment during the last calendar year:

(3) Complete the blocks below. On the first line, show the monthly amount of earnings from work as an employee. On the second line, place an "X" in each month in which the person was self-employed.

	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
EARNINGS FROM WORK AS AN EMPLOYEE												
MONTHS IN WHICH SELF-EMPLOYED												

(1) Name of employed or self-employed person:

(2) Total earnings from employment and self-employment during the last calendar year:

(3) Complete the blocks below. On the first line, show the monthly amount of earnings from work as an employee. On the second line, place an "X" in each month in which the person was self-employed.

	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
EARNINGS FROM WORK AS AN EMPLOYEE												
MONTHS IN WHICH SELF-EMPLOYED												

FORM AA-1 (SUP)
(12-66)

TES OF AMERICA
TIREMENT BOARD

ITAL ANNUITY
'IONNAIRE

RRB CLAIM NO.

SSA NO. 705-10-7709

NAME STANLEY G. ROBERTSON

monthly pension from one or more former employers? *(Do not include Board or Social Security Administration benefits.)* . . . . . YES ☐ NO ☒

e following information for each pension:

employer _____

pation _____

	DOLLARS	CENTS
ur monthly pension . . . . . $		

	MO.	DAY	YR.
f your pension			

IF ITEM 1 IS ANSWERED "NO," COMPLETE ITEM 2

ts to monthly pension payments by accepting a single lump-sum refund of your contributions? . . . . . YES ☐ NO ☒

employer _____

pation _____

	MO.	DAY	YR.
e of payment			

IF ITEMS 1 AND 2 ARE ANSWERED "NO," COMPLETE ITEM 3

ceive a pension from a former employer? . . . . . YES ☐ NO ☒

employer _____

ıpation _____

NOWING THAT ANYONE WHO MAKES ANY FALSE OR FRAUDULENT STATEMENT OR RPOSE OF CAUSING AN AWARD OR PAYMENT UNDER THE RAILROAD RETIREMENT A CRIME PUNISHABLE UNDER THAT LAW, I CERTIFY THAT THE DATA I FURNISHED

ATURE | DATE

FORM APPROVED
BUDGET BUREAU NO. 70-R001.9

FORM AA-1
(4-66)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

APPLICATION FOR EMPLOYEE (AGE AND SERVICE) ANNUITY UNDER THE RAILROAD RETIREMENT ACT

RRB Claim No. A

SSA No. 705-10-7709

Field Office No 311

Officially Filed . . . . . MO. 01 DAY 11 YR. 68

By J Hamm Jr.

1 Print APPLICANT'S NAME (FIRST, MIDDLE INITIAL, LAST): STANLEY G ROBERTSON

2 Have you previously filed for annuity benefits on another person's earnings record? . . . . . YES [ ] NO [X]

If "YES," give:

Name: and RRB Claim No.

3 Date of birth . . . . . MO. 06 DAY 19 YR. 00

4 Sex . . . . . MALE [X] FEMALE [ ]

Print *MAIDEN NAME* if female:

5 Marital status . . . . . SINGLE [ ] MARRIED [X] WIDOWED [ ] DIVORCED [ ]

If you are married, give:
Wife's maiden name or husband's name (FIRST, MIDDLE INITIAL, LAST)
BERTIE V AMICK

Wife's *OR* husband's date of birth . . . . . MO. 07 DAY 17 YR. 97

If you are a woman, is your husband dependent upon you for at least one-half of his support? . . . . . YES [ ] NO [ ]

6 Have you any unmarried children, stepchildren, or adopted children who are:

- Under age 18, or
- Age 18-21 and attending school as full-time students, or
- Age 18 or older and have a continuing disability which began before age 18 and which prevents any kind of employment?

. . . . . YES [ ] NO [X]

If "Yes," enter the total number of children in this block: . . . . .

7 Do you claim credit for service in the railroad industry before 1937? . . . . . YES [X] NO [ ]

8 (a) Information about your *last* service for an employer or labor organization in the railroad industry. If joint service, show the second one in 8(b).

(b) Information about all other employers in the railroad industry in the last 18 months (LAG REPORTING PERIOD). If you need more space, continue in "Remarks."

LAST EMPLOYER: WESTERN MARYLAND RWY	EMPLOYER
PAYROLL NAME AND IDENTIFICATION NO.: S G ROBERTSON 4542	PAYROLL NAME AND IDENTIFICATION NO.
LAST OCCUPATION: FOREMAN - WORK EQUIP	LAST OCCUPATION
LAST DEPARTMENT: ENGINEERING	LAST DEPARTMENT
LAST DIVISION OR LOCATION: RIDGELEY WVA	LAST DIVISION OR LOCATION

WORKED FROM	TO (40-45)	MO.	DAY	YR.	WORKED FROM	TO (46-51)	MO.	DAY	YR.	ENDING DATE 40-51
102615	→	01	05	68		→				

FOR BOARD USE ONLY

Last BA No. 1317 52-55

Next to last BA No. 56-59

9 (a) Do you have rights to return to work for any employer or labor organization in the railroad industry? . . YES [ ] NO [X] — 1 60 / 2 60

If "YES," give the names of all such employers:

(b) *If* (a) is *"NO,"* give the names of the last employers with whom you held such rights and the date you relinquished those rights.

	MO.	DAY	YR.	DATE
LAST EMPLOYER: WESTERN MARYLAND, RWY	01	05	68	61-66
NEXT TO LAST EMPLOYER				67-72

10 (a) Did you work for an employer outside the railroad industry since you stopped work in the railroad industry? . . . . . YES [ ] NO [X] — 1 73 / 2 73

(b) Did you work for an employer outside the railroad industry in the last 12 months you worked in the railroad industry? . . . . . YES [ ] NO [X] — 1 74 / 2 74

(c) *If either* (a) *or* (b) is *"YES,"* give the following information about work outside the railroad industry during the last 3 years you worked. If more than two employers, continue in "Remarks."

		MO.	DAY	YR.	
NAME & ADDRESS OF LAST EMPLOYER	WORKED FROM / TO →				75-80
	KIND OF WORK	AVERAGE WEEKLY WAGES			
NAME & ADDRESS OF NEXT-TO-LAST EMPLOYER	WORKED FROM / TO →				
	KIND OF WORK	AVERAGE WEEKLY WAGES			04 1-2

(d) Do you have rights to return to work for any employer outside the railroad industry? . . . . . YES [ ] NO [X] — 1 13 / 2 13

If (d) is *"YES,"* give the name and address of each such employer:

11 (a) Were you self-employed during the last 12 months? . . . . . YES [ ] NO [X] — 1 14 / 2 14

(b) Are you still self-employed? . . . . . YES [ ] NO [ ] — 1 15 / 2 15

If (a) *is "YES" and* (b) *is "NO,"* give the date you were last self-employed:

12 (a) Were you in active military service (ARMED FORCES) of the United States after 1936? . . . . . YES [ ] 1 16 / NO [X] 2 16

(b) Do you claim credit under the Railroad Retirement Act for such service? . . . . . YES [ ] 1 17 / NO [ ] 2 17

(c) Do you claim credit for military service of the United States before 1937? . . . . . YES [ ] 1 18 / NO [X] 2 18

(d) *If either* (a) *or* (c) *is "YES,"* give the branch of service and the inclusive dates of each period of military service:

BRANCH OF SERVICE FROM TO

BRANCH OF SERVICE FROM TO

(e) If you wish to limit your claim for military service, give inclusive dates of each period of military service which you claim:

FROM TO FROM TO

(f) *If* (a) *is "YES,"* check whether your last period of claimed military service ended before July 1963 or after June 1963:. . . . . M/S ENDED BEFORE 7-63 [ ] 1 19 / M/S ENDED AFTER 6-63 [ ] 2 19

(g) Have you ever filed, or do you expect to file, a claim with any other Federal agency for monthly benefits based on your military service? . . . . . YES [ ] / NO [ ]

If "YES," give the date you filed, or you expect to file:

and the name of the agency:

If you have filed a claim for monthly benefits with a Federal agency, give:

YOUR CLAIM NO. KIND OF BENEFITS

BEGINNING DATE OF BENEFITS MONTHLY RATE OF BENEFITS

13 Do you wish your annuity to begin before the month you attain age 65? . . . . . YES [ ] 1 23 / NO [X] 2 23

14 I am applying for an annuity to begin:

(a) On the earliest date permitted by law. *Indicate by "X" in this block:* . . . . . [X] 1 24

(b) Later than the earliest beginning date permitted. Give date . . . . . MO. [ ][ ] DAY [ ][ ] YR. [ ][ ] 25-30

15 (a) Have you filed an application for benefits under the Social Security Act? . . . . . YES [ ] 1 31 / NO [X] 2 31

(b) *If* (a) *is "YES"* and your claim for social security benefits is based on another person's earnings record, give his name: and SSA No. [ ][ ][ ][ ][ ][ ][ ][ ][ ] 32-40

16 Will this application be signed by a guardian or other representative? . . . . . YES [ ] 1 41 / NO [X] 2 41

TO BE COMPLETED BY APPLICANTS ELIGIBLE FOR ENROLLMENT IN SUPPLEMENTARY MEDICAL INSURANCE PLAN

17 PRAV FILED

You may enroll during the enrollment periods specified in the law. A monthly premium will be deducted from your annuity when your coverage begins.

HAS RRB CARD

Do you wish to enroll in the SUPPLEMENTARY MEDICAL INSURANCE plan? . . . . . YES [ ] 1 42 / NO [ ] 2 42

CERTIFICATION: KNOWING THAT ANYONE WHO MAKES ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER FEDERAL LAW IS COMMITTING A CRIME PUNISHABLE UNDER FEDERAL LAW, I CERTIFY THAT THE DATA I FURNISHED IS CORRECT.

SIGNATURE OF APPLICANT + Stanley B. Robertson

RECEIVED JAN 13 1969

43

		ST. & NO.
STREET ADDRESS	39 BLOCKER ST	44-80
CITY, STATE, & ZIP CODE	RIDGELEY WV 26753	05 1-2 CITY STATE & ZIP CODE 23-52

NOTE: If this application is signed by mark (X), two witnesses, who know the applicant, or a Board representative must sign below.

1. NAME

2. NAME

COUNTY: MINERAL

TELEPHONE NUMBER: 738-9656

Remarks:

NO SSA EMP. OR SELF EMPLOYMENT

AA-1 (4-66)

RRB FORM G-354a (12-54)
EMPLOYEE - SPOUSE DETERMINATION OF AWARD OR RECORD PRINTOUT

ADMIN. VOUCHER: 02148416 | SSA NO. (1): 705-10-7709
SECT. OF ACT (21A): 1 | RRB NO. (2): A-999999

TYPE (2) CODE: 100 | KDK FILES (3): 1 | F.O. NO. (3): 311 | EAR. DATE (4): YES | DESIG. ABD(4): | REF. 65 (4): NO | PREV. APP (4): RRB NO | SSA NO | DOB (5): 06-19-00 | SEX (5): M | MAR. STAT.(6): M | DOM (6): | KDK (5) SP. FLD.: 1 | SPOUSE DOB (7): 07-17-97

CHILDREN (7): MIN.: | DIS.: NO | TOT.: 0 | DEP. (7) HUSBAND: | BAF LAST (8): 1317 | OLW LAST EMP. (8): 01-05-68 | 644 2ND (9): | OLW 2ND EMP. (9): | R/R (12): NO | DATE R/R LAST EMP. (12): 01-05-68 | DATE R/R 2ND EMP. (11): | OUT EMP. (11): NO | OUT 12 (11): NO | R/R OUT EMP. (11): NO

EMPLOYEE DATA

DUP. OUT EMP. (12): | SE 12 (12): NO | SE NON 12: | PS CLAIM (12): YES | MILITARY SERVICE (13): END 6/63: | SEP. 57: NO | ACT. SER.: NO | APT 36: | SIGN REF. PAY (13): NO | SSA NO. 6TH CLM. FLD. (36): | (37) S/S ASSUMED: 314 | PREV. RRB CLM. NO. (37):

NAME (14) ADDRESS (22) CITY STATE ZIP CODE (30) | REP PAY
STANLEY G ROBERTSON
39 BLOCKER ST
RIDGELEY W VA 25753

G-88 DATE (42): | DATE PEND. FILE (43): 01-23-68 | DATE PD. OR DUMPED: 02-09-68 | CODE NAME (97): SROBE | MAIDEN NAME(58): | PS AVER. (60): 145.00 | PS METR.: 0 | PS REG.: 1 | NEXT LST. YR. SAL. (61): 7777 | LAST YR. SAL. (61): 7777 | OASI (62): | WAGES (62): YES

PAYMENT SUMMARY (95-104)

	MO. RATE	FROM	TO	AMOUNT	NET AMOUNT
CURR.					
PREV.					

MOS. SS (62) | SPL. FILE (62) | VR. TAX DATA (63): TH 6424.10 | LAST MO. G-72 REP.: 12-66 | X SM.(64): 0 | CUT BAC (64) | CUT BACK COMP.: 030 | LST. YOC. (64) | NXT. (65) LST. BAF: 1317 | AQ (65): A | LAST BAF (65): 061 | S/S 1966: 11080.18 | S/S COMP. 1966 (66): | NO. G-72 (67):

MDR & COMP. AFTER 1966 (71)

YR.	SAL. COMP.	YR.	SAL. COMP.
47	12 2741.44	57	12 4183.44
48	12 3007.44	58	12 4182.53
49	12 3065.44	59	12 4514.78
50	12 3271.44	60	12 4800.00
51	12 3448.44	61	12 4715.36
52	12 3550.44	62	12 4283.68
53	12 3540.44	63	12 4900.00
54	12 3781.44	64	12 5328.45
55	12 4040.44	65	12 5396.02
56	12 4174.44	66	12 5997.63
	TOTAL 301		94003.47

CALL UP TABLE (66): 999 9 999998 / 999 9 999998 / 999 9 999998 / 999 9 999998 / 999 9 999998 / 999 9 999998 / 999 9 999998 / 999 9 999998 / 999 9 999998 / 999 9 999998

SME 1 (38): 1111100110 | GROSS COMP. 59 (67): 4800.00 | PIA (68) TO PIA: 0000 | YR. COMP. LST. REP.: 66 | S/S 65 (68): 289 | YR. 65 G-72 (68): 65

SME 2 (32): 0102010111 | S/S COMP. (69) THRU 65: 88005.84 | TOTAL S/S COMP.(70): 101092.14 | TOT. SER. (81): 360 | TOT. S/S (81):

SME 3 (43): 2420032104 | VER. LAQ. (105): 13 | EST. DLW RR (105): 01-05-68 | EST. LAQ. COMP. (106): 7088.67 | BAF LAST EMP. (107): 1317

SME 4 (41): ETICK | YEAR: 02-22-68 9 | DLW LAST EMP. (107): 01-05-68 | DATE R/R LAST EMP. (108): 01-05-68 | AQ (108): A | YR. (108): 68 | MOS. (108): 01

REP. PAY: 0 | Q/M: 1 | LAQ.: 1 | LAQ. COMP. 1 (109): 0619.70 | YR. (110): 67 | MOS. (110): 12 | LAQ. COMP. 2 (110): 6468.97 | YR. (111): | MOS.(111):

LAQ. COMP. 3 (111): | ST. DATE VAC.-BP1 (113): | END. DATE VAC.-BP1 (114): | SP OR VAC.(114): | $400 LST. YR.: | AMT. SP-VAC. 1 (115): | ERN. LST. (115) MO. UNDER $400: | ST. DATE VAC.-BP2 (116): | END. DATE VAC.-BP2 (117): | SP OR VAC.(117): | AMT. SP-VAC. 2 (118):

EAR. LAST EMP. (119): | DLW LAST EMP. (119): | DATE R/R LAST EMP. (120): | AQ (121): | YR. (121): | MOS. (121): | LAQ. COMP 1 (121): | YR. (122): | MOS. (122): | LAQ. COMP. 2 (122): | YR. (123): | MOS. (123): | LAQ. COMP 3 (123):

ST. DATE (123) VAC.-BP1: | END. DATE (124) VAC.-BP1: | SP OR VAC.(125): | $400 LST. YR.: | AMT. SP-VAC. 1 (127): | ERN. LST. MO. (127) UNDER $430: | ST. DATE VAC.-BP2 (128): | END. DATE VAC. BP2 (129): | SP OR VAC.(129): | AMT. SP-VAC. 2 (129): | ICC1 (131): | MUL. CODE:

YR.(131): | ICC2 (132): | MUL. CODE: | YR. (132): | ICC3 (133): | MUL. CODE: | YR.(133): | ICC4 (134): | MUL. CODE: | YR.(134): | ICC5 (135): | MUL. CODE: | YR. (135): | RATE CODE (136): | EFF. DATE SUB. (136): | RATE DATE (137): | DIAG. CODE (138):

NOT INSURED
NO DEDUCTION FOR SMIB SP
NO REDUCTION FOR SMIB SP

SPOUSE DATA

NAME (197) ADDRESS (198) CITY STATE ZIP CODE (203) | REP PAY
BERTIE A ROBERTSON
39 BLOCKER ST
RIDGELEY W VA 25753

PO. NO. (157): 311 | PREV. RRB CLAIM NO. (168): NONE | DOB (164): 07-17-97 | SEX: F | TYPE CODE: 800 | DOM (165): 03-01-21 | PREV. MAR.: YES | LIVE TOGET.: YES | MINOR CHILD: | DIS. CHILD: | DOB YOUNG. (166): | DOB OLDEST (167): | KK SUM (168): NO

DLW RR (169): | NON SE PERF.: YES | DLW NON RR (169): 06-30-50 | HOLD RIGHTS (163): NO | SE 12: NO | STILL SE: | WE APT. 53-55 (170): | ADD SEP. 65: | EAR. ABD. (170): YES | DESIGN. ABD (170): | (171) FILED FOR SEP.: YES

PAYMENT SUMMARY (203-228)

	MO. RATE	FROM	TO	AMOUNT	NET AMOUNT
CURR.	83.60	01-06-68	01-31-68	59.67	69.67
PREV.					

SEA NO. OTHER CLAIM FILED (171): | DATE S-88 SIGNED: | VER. DOB YOUNGEST (176): | DOC. WT.: | VER. DOB OLDEST (177): | DOC. WT.: | DATE PEND. FILE (178): 01-23-68 | DATE PD. OR DUMPED (178): 02-12-68 | SNS 1 (182): 1110000010

SNS 2 (183): 02-22-68 9010 | SNS 3 (184): 7620000000 | CODE NAME (185): BROBE | MAIDEN NAME (186): AMICK | (224) ONE PAYMENT: 0 | (173) TYPE OTHER BEN.: 0 | (172) REG. DATE SEA BEN.:

FINAL	PARTIAL	RECERT	VER. DOB. (175)	DOC WT. (175)
X			07-17-97	20

SECT. OF ACT	FILE DATE (161)	SSA NO. (162)	EXAM NO. (167)	PIA (172)
3 E	01-11-63	220-16-5806	14542	0000

MOS. REDUCED (217)	ABD (217)	ANNUITY (219)	
100	01-05-68	83.60	83.60

AMT. CUR. SEA BEN. (173): $49.60 EFF. 1-1-65 | CUR. WIB BEGIN. DATE (174): | AMT. WIB (174): | INIT. BEGIN. DATE SEA BEN. (230): | INIT. AMT. SEA BEN. (230): | INIT. BEGIN. DATE WIB (231): | INIT. AMT. WIB (231):

REMARKS (REASON FOR PRINTOUT) AWARD NOTIFICATION INIT — DATE 02-12-68

EMPLOYEE IN FORCE FINAL
SUPPLEMENTAL ANNUITY IN FORCE FINAL
EMPLOYEE ENTITLEMENT DATE HIB 07-01-66 SMIB 07-01-66
SPOUSE JURISDICTION SSA
PREVIOUS MARRIAGE

RRB FORM G-354e (12-84)
EMPLOYEE - SPOUSE DETERMINATION OF AWARD OR RECORD PRINTOUT

ADMIN. VOUCHER: 02128414
SSA NO. (1): 705-10-7709
RRB NO. (2): A-999999
SECT. OF ACT 21A(): 1

EMPLOYEE DATA

NAME (14) ADDRESS (22) CITY STATE ZIP CODE (30) — REP PAY

STANLEY G ROBERTSON
39 BLOCKER ST
RIDGELEY W VA 26753

PAYMENT SUMMARY (95-104)

	MO. RATE	FROM	TO	AMOUNT	NET AMOUNT
CURR PAY	200.25	01-06-68	01-31-68	166.87	163.87
PREV.					

BLSI RECOVERY: REGION 0 AMOUNT .00

FINAL	PART	RECERT	DATE FILED (3)	VER. DOB. (15)	DOC WT.	EXAM. NO. (42)
X			01-11-68	06-19-00	07	14542

EXEC. PB. MOS. (62)	PIA (95)	TOTAL ES A-75 (60)	MOS. INCLUDED (70)	ANC. ES. MOS. (81)	AM SVC. CODE (91)
046	0000	301	00 180	321	0

SERVICE (52) YEARS	MOS.	AOD (92)	RRA MIN. (93)	AMC (95)
30	00 12	01-06-68	000.00 000.00	299.34

ANNUITY (94)		FACTOR	OPTIONAL AMC	C/C
200.20	000.00	6.6733		
214.41	000.00	7.1471	282.61	YES

O/M DOES NOT APPLY

EE SMIB DEDUCT FOR FEB 68 THRU FEB 68 3.00
NORMAL RATE REDUCED 3.00 NEW RATE 197.25 EE
NOT INSURED

SPOUSE DATA

NAME (197) ADDRESS (186) CITY STATE ZIP CODE (205) — REP PAY

BERTIE A ROBERTSON
39 BLOCKER ST
RIDGELEY W VA 26753

PAYMENT SUMMARY (222-228)

	MO. RATE	FROM	TO	AMOUNT	NET AMOUNT
CURR PAY					
PREV.					

FINAL	PARTIAL	RECERT	VER. DOB. (175)	DOC WT. (175)
			07-17-97	20

SECT. OF ACT	FILE DATE (151)	SSA NO. (162)	EXAM NO. (167)	P/A (172)
2 E	01-11-68	220-16-5806	14542	0000

MOS. REDUCED (217): 180 — ADD (217)

ANNUITY (219): NORMAL | NET

TYPE (2) CODE: 100 | HOW FILED (3): 1 | P.O. NO. (3): 311 | EARL. DATE (4): YES | DESIG. ABD (4): | REF. ES (6): NO | PREV. APP (6) RRB: NO | PREV. APP (6) SSA: NO | COD (5): 06-19-00 | SEX (5): M | MAR. STAT. (6): M | DOM (6): | HOW (8) EP, FLD.: 1 | SPOUSE DOB (7): 07-17-97

CHILDREN (7) MIN.: | CHIL.: NO | TOT.: 0 | DEP. (7) HUSBAND: | DAY LAST (8): 1317 | DLW LAST EMP. (8): 01-05-68 | DAY 2ND (8): | DLW 2ND EMP. (8): | N/R (10): NO | DATE R/R LAST EMP. (10): 01-05-68 | DATE R/R 2ND EMP. (11): | OUT EMP. (11): NO | OUT 12 (11): NO | R/R SVC EMP. (11): NO

DLW. OUT EMP. (12): NO | SE 12 (13): | PS CLAIM (12): YES | MILITARY SERVICE (13) END 8/63: NO | REF. 33: NO | ACT. SER.: | APPL 56: | SIGN PER. PAY (13): NO | SSA NO. DTH. CLM. FLD. (36): | (37) 5/8 ASSUMED: | PREV. RRB CLM. NO. (37): 314

G-56 DATE (42): | DATE PEND. FILE (43): 01-23-68 | DATE PD. OR DUMPED: 02-08-68 | CODE NAME (57): SROBE | MAIDEN NAME (58): | PS AVER. (60): 145.00 | FC METH.: 0 | PT. REQ.: 1 | HOSP. LAST DAY (61): 7777 | LAST HOSP. DAY (61): 7777 | CAST (62): | WAGES (82): YES

VOL. ES (52) | DEN. FILE (62): TH | VA. TAX DATE (63): 6424.10 | LAST NO. G-72 REF.: 12-66 | X 2M (64): 0 | CUT: | CUT BACK COMP.: | LST. RD. (64): 030 | RET. (65) LST. BAS: | ADJ (65): | LAST DAY (63): 1317 | AQ (63): A | 5/8 1966: 061 | 2/3 COMP. 1946 (66): 11080.18 | NO. G-72 (67):

SER. & COMP. AFTER 1946 (77)

YR.	SM.	COMP.	YR.	SM.	COMP.
47	12	2741.44	57	12	4183.44
48	12	3007.44	58	12	4182.53
49	12	3065.44	59	12	4514.78
50	12	3271.44	60	12	4800.00
51	12	3448.44	61	12	4715.36
52	12	3550.44	62	12	4283.68
53	12	3540.44	63	12	4900.00
54	12	3781.44	64	12	5328.45
55	12	4040.44	65	12	5396.02
56	12	4174.44	66	12	5997.63
		TOTAL 301			94003.47

CALL UP TABLE (44): 954 7 680309 / 999 9 999998 / 999 9 999998 / 999 9 999998 / 999 9 999998 / 999 9 999998 / 953 7 680211 / 999 9 999998 / 999 9 999998 / 999 9 999998 / 999 9 999998 / 999 9 999998 / 999 9 999998

SPE 1 (38): 1111100110 | SPE 2 (39): 0102010111 | SPE 3 (42): 2720032101 | SPE 4 (41): | E TICK: | MEAS.: | REP. PAY: 0 | DIM: 1 | LAG.: 1

GROSS COMP. 59 (67): 4800.00 | FIS (56) TS P/A: 0000 | YR. COMP. LST. REP.: 66 | S/S 65 (58): 289 | YR. 65 O-72 (69): 65 | S/S COMP. (69) THRU 65: | TOTAL S/S COMP. (70): 88005.84 | TOT. SER. (91): 101092.14 | TOT. S/S (91): 360 | 314 | VER. LAG. (105): 13 | EST. DLW RR (106): 01-05-68 | EST. LAG COMP. (106): 7088.67 | DAY LAST EMP. (107): 1317 | DLW LAST EMP. (107): 03-09-68 1 | DATE R/R LAST EMP. (107): 01-05-68 | AQ (108): A | YR. (108): 68 | MOS. (108): 01 | LAG. COMP. 1 (109): 0619.70 | YR. (110): 67 | MOS. (110): 12 | LAG. COMP. 2 (110): 6468.97 | YR. (111): | MOS. (111): | LAG. COMP. 3 (111): | ST. DATE VAC.-BP1 (111): | END. DATE VAC.-BP1 (112): | SP SM VAC. (112): | SHOR LST. MO.: | AMT. BP-VAC. 1 (113): | ERN. LST. (115) MO. UNDER $450: | ST. DATE VAC.-BP2 (116): | END. DATE VAC.-BP2 (117): | SP SM VAC. (117): | AMT. BP-VAC. 2 (118): | ST. DATE VAC.-BP3 (119): | END. DATE VAC.-BP3 (120): | SP SM VAC. (120): | SHOR LST. MO.: | AMT. BP-VAC. 3 (121): | ERN. LST. MO. (127) UNDER $450: | ST. DATE VAC.-BP2 (128): | END. DATE VAC. BP2 (129): | SP SM VAC. (129): | AMT. BP-VAC. 2 (130): | ICC1 (131): | MUL. CODE: | YR. (131): | ICC2 (132): | MUL. CODE: | YR. (132): | ICC3 (133): | MUL. CODE: | YR. (133): | ICC4 (134): | MUL. CODE: | YR. (134): | ICC5 (135): | MUL. CODE: | YR. (135): | RATE CODE (136): | EFF. DATE DIS. (138): | RATE DATE (137): | DIAG. CODE (139):

FIL. NO. (161): 311 | PREV. APP CLAIM NO. (163): NONE | DOB (164): 07-17-97 | SEX (164): F | TYPE CODE: 800 | DOM (165): 03-01-21 | PREV. MAR.: YES | LIVE TOGET.: YES | MINOR CHILD: | CHILD DIS. CHILD (166): | SOS YOUNG. (166): | SOS OLDEST (167): | AN EMP (168): NO

DLW R/R (169): | NON RR EMP. (169): YES | DLW NON RR (170): 06-30-50 | HOLD RIGHTS (168): NO | SE 12: | STILL SE: | NO APP. 5/9-38 (190): | ABD DEF. 65: | EARL ABD (171): YES | DESIGN. ABD (170): | FILED FOR SPOUSE/DIV: YES

SSA NO. OTHER CLAIM FILED (171): | DATE G-56 ISSUED: | VER. DOB YOUNGEST (176): | DOC. WT.: | VER. DOB OLDEST (177): | DOC. WT.: | DATE PEND. FILE (173): 01-23-68 | DATE PD. OR DUMPED (175): | SMS 1 (182): 1110000010

SMS 2 (153): 02-11-68 1000 | SMS 3 (164): 2140000000 | CODE NAME (185): BROBE | MAIDEN NAME (186): AMICK | (224) ONE PAYMENT: 0 | (173) TYPE STUCK SER.: 0 | (175) DOC. DATE SSA REA.:

AMT. CUR. SSA BEN. (173): | CUR. WID BEGIN. DATE (176): | AMT. WID (174): | INIT. BEGIN. DATE SSA BEN. (230): | INIT. AMT. SSA BEN. (230): | INIT. BEGIN. DATE WID (231): | INIT. AMT. WID (231):

REMARKS (REASON FOR PRINTOUT) AWARD NOTIFICATION INIT SUPP DUE TOMORROW — DATE 02-08-68

SUPP ANN DATA REQUIRED FROM HQ
EMPLOYEE ENTITLEMENT DATE HIB 07-01-66 SMIB 07-01-66
SPOUSE JURISDICTION PENDING
PREVIOUS MARRIAGE
EMPLOYEE CODE PARAGRAPHS ATTACHED P970

SA 1/29

REPORT OF SSA CLAIMS INFORMATION

1. DATE: 705-10-7709

GENERAL INSTRUCTIONS: This form will be prepared by the DO, BDI, DFC or the PC upon the receipt of RRB's notice that RRB has jurisdiction of the survivor's claim based on the combined RR and SS earnings.

2. NAME OF WAGE EARNER: STANLEY G. ROBERTSON

3. ACCOUNT NUMBER: 705-10-7709

RAILROAD RETIREMENT BOARD
Bureau of Data Processing and Accounts
844 Rush Street
Chicago, Illinois 60611

4. RRB CLAIM NUMBER: A 999 999

5. DATE OF BIRTH: 6/19/00

6. DATE OF DEATH: 12/28/68

7. DATE WE'S CLAIM(S) FILED *(Enter the date shown on the applicable award or disallowance form(s):*

RIB/~~DIB~~	RECOMPUTATION	RECOMPUTATION
1/11/68		

8. Enter the established total yearly SS earnings for each year that pre-lag SS earnings were developed *and* such earnings increased or decreased the yearly earnings listed by BDPA on the latest OA-C794 in file. Enter the appropriate QC symbols (C, S, A, N, etc.) to show the established yearly QC pattern based on the adjusted earnings.

YEAR	ANNUAL EARNINGS	QC	YEAR	ANNUAL EARNINGS	QC
19			19		
19			19		
19			19		

9. PERIOD OF DISABILITY
☒ NONE ☐ PENDING ☐ ESTABLISHED–FROM TO

10. SSA ESTABLISHED OVERPAYMENTS TO BE RECOVERED BY RRB:
$ ☒ NONE ☐ UNDETERMINED

NAME OF OVERPAID PERSON(S) – TYPE OF BENEFIT – SHOW WHICH MONTHS OVERPAID

11. HIB – SMIB DATA

A. Name of Survivor: NONE

B. Survivor Elected SMIB ☐ Yes ☐ No
If "Yes," and SSA retains jurisdiction because survivor entitled on another account, answer "C"; if "Yes," and RRB assumes jurisdiction, answer "D," and if applicable "E."

C. Survivor entitled on — ACCOUNT NO.

D. (1) Survivor elected SMIB effective — MONTH AND YEAR

(2) Was survivor in current pay status for month prior to death? ☐ Yes ☐ No

(3) If survivor not in current pay enter last month survivor paid premium. — MONTH AND YEAR

E. If premium paid by State buy-in agreement, check this block ☐

12. REMARKS:
☐ SURVIVOR CLAIMS MATERIAL ATTACHED
☒ NO SURVIVOR MATERIAL IN THIS OFFICE
☐ OTHER *(Specify)*

13. NOTICE TO DO THAT RRB HAS JURISDICTION:
☒ SEND COPY TO DISTRICT OFFICE AT:
CUMBERLAND MD

REGIONAL REPRESENTATIVE: J. Berman
BY HW CJG 90

DISTRICT MANAGER
BY

FORM SSA-1233RR (10-67) RAILROAD RETIREMENT BOARD JURISDICTION

FORM OA-C794 (8-68)

EARNINGS CERTIFICATION - P.I.A. DETERMINATION

1 ACCOUNT IDENTIFICATION

ACCOUNT NUMBER	SOURCE	NAME	DATE OF BIRTH MO.	DAY	YR.	EST.	SEX
705 10 7709	REQ FORM	ROBERT	06		00		M
MULTIPLE AN'S	BOPA RECORDS						

PERTINENT DATES

FILING MO.	DAY	YR.	DEATH MO.	DAY	YR.	ONSET MO.	DAY	YR.	MO ELECT MO.	YR.
01	PR	69	12		68	□□	□□	□□		

MILITARY SERVICE DATES

FROM: TO:

5 BOPA CAUTION SIGNALS

CA	ED	A	WIF YYE	CR IND EN	CR IND QC	SE AG IND	EDP CODES	S S R	FB INC	101	OTHER
							00332 16			01	LL

TYPE OF ACTION	BLOCK NUMBER
SUR	1C13401XN

6 BENEFIT COMPUTATIONS

TYPE	FIRST BASE YR OR SD	LAST BASE YR OR CO	DIVIDEND	DISAB. E/Y EXCL.	ELAPSED PD OR D-O YRS	D/M	I/Y	QC	MS MOS INCL	PIA RETRO	PIA CURR

WAS INFORMATION

TYPE	PERIOD	AMOUNT USED	TYPE	PERIOD	AMOUNT DEED

WORK DED AND SUSPENSION INFORMATION

YR.	AMOUNT	SERVICE MONTHS

2 SELECTED EDP BENEFIT COMPUTATION AND TRIAL-COMPUTATIONS

TYPE	FIRST BASE YR OR SD	LAST BASE YR OR CO	DIVIDEND	DISAB E/Y EXCL	ELAPSED PD OR D-O YRS	D/M	I/Y	MS MOS INCL	PIA RETRO	PIA CURR

RED ROS	REDUCED BENEFITS

7

I CERTIFY THAT THE BENEFIT DATA IN BLOCKS 2, 3, AND 6 ARE CORRECT ACCORDING TO THE LAW ON THE BASIS OF THE RECORDS OF THE SOCIAL SECURITY ADMINISTRATION AND RECORDS RECEIVED FROM THE RAILROAD RETIREMENT BOARD.

WILLIAM E. HANNA, JR.
DIRECTOR

DATE 1-28-69 BY H. Hoja

CORRECTIONS IN BLOCKS 3 AND 5

3 EARNINGS RECORD DATA

QUARTER OF COVERAGE TESTS

REQUIRED QC FULLY YR	DREC YR	MIN	HAS QC	FIRST ELIG	C/L	MAX QC	DISABILITY MET 20/40 YEAR	ABE 31 YEAR	NOW 61 20/40	ABE 31

QC AND EARNINGS TOTALS

TOT SE QC	TOT AG QC	WAGE QC AFTER 46	WAGE QC AFTER 50	TOTAL EARNINGS AFTER 1936	TOTAL EARNINGS AFTER 1950
				8808.70	NONE

YR	EARNINGS	U	QC/SM	YR	EARNINGS	U	QC/SM	SE	AG	YR	EARNINGS	U	QC/SM	SE	AG
37				48						4600 59			NNNN	0	0
38				49						60			NNNN	0	0
39				50						61			NNNN	0	0
3000 40				3600 51					0	62			NNNN	0	0
41				52					0	63			NNNN	0	0
42				53			NNNN	0		64			NNNN	0	0
43				54			NNNN	0		65			NNNN	0	0
44				4200 55			NNNN	0	0	6600 66			NNNN	0	0
45				56			NNNN	0	0	67			NNNN	0	0
46				57			NNNN	0	0	7600 68			NNNN	0	0
47				58			NNNN	0	0	69			NNNN	0	0

4 AUXILIARY OR SURVIVOR BENEFIT DATA

ACCOUNT NUMBER	DATE OF BIRTH MO	DAY	YR	MO ELECT MO	YR	RELATIONSHIP MO	DAY	YR	TYPE	KR ACCOUNT NUMBER	STAT	LUMP SUM	FAMILY COMPOSITION

8 PERTINENT SRB INFORMATION

NAME	DB MO	DB YR	YLK	1937 TO DATE SM	1937 TO DATE COMPENSATION	GROSS RESIDUAL

INV	120	ANN	INCL	PELM	RP-90	OTHER
		X				

BOPA REMARKS

A CLAIM STATUS

☐ LAG QC PRESUMED FOR _____

PRIOR ACTION ☑ OASI ☐ DISABILITY

TO CUMBERLAND, MD. DATE 1-11-68

☐ SEE SCOUT REPORT ATTACHED

9 DO, PC OR BDI REMARKS

10 DO, PC OR BDI CORRECTED BENEFIT COMPUTATIONS

TYPE	FIRST BASE YR OR SD	LAST BASE YR OR CO	DIVIDEND	DISAB E/Y EXCL	ELAPSED PD OR D-O YRS	D/M	I/Y	QC	MS MOS INCL	PIA RETRO	PIA CURR

RATE ATTACHMENT

FOR MONTHS AFTER JANUARY 1968

O/M MAX $ 370.48 AMW $ 421.00 TABLE INC $ 20.90

)OW	1 CHILD	2 C	3 C	4 C	5 C
.60	$ 130.60	$ 130.60	$ 123.50	$ 92.70	$ 74.10
.60	130.60	261.20	370.50	370.80	370.50
.20	261.20	522.40	741.00	741.60	741.00
.80	391.80	783.60	1111.50	1112.40	1111.50

: THE BASIC AMOUNT SHOWN ON THIS FORM FOR A PARTICULAR
: OR IS GREATER THAN THE ACTUAL COMPUTED BASIC AMOUNT.

RATE ATTACHMENT
FOR MONTHS AFTER 1964

X. SSA FORMULA $316.40				MAX. O/M (UNROUNDED) $348.04				
W R M	C-1	C-2	C-3	C-4	C-5	TOTAL 1 MO.	TOTAL 2 MOS.	TOTAL 3 MOS.
7.10						127.10	254.20	381.30
	115.50					115.50	231.00	346.50
8.60	92.40					231.00	462.00	693.00
	115.50	115.50				231.00	462.00	693.00
8.50	99.00	99.00				346.50	693.00	1039.50
	115.50	115.50	115.50			346.50	693.00	1039.50
6.10	77.40	77.40	77.40			348.30	696.60	1044.90
	87.10	87.10	87.10	87.10		348.40	696.80	1045.20
5.00	63.30	63.30	63.30	63.30		348.20	696.40	1044.60
	69.70	69.70	69.70	69.70	69.70	348.50	697.00	1045.50

ROBERTSON, STANLEY G

705-10-7709

39 BLOCKER ST
RIDGELEY W VA 26753

BA-1317
01-05-68 LDW
01-11-68 FIL
06-19-00 DOB

BERTIE A ROBERTSON

ROBERTSON, STANLEY G

705-10-7709

39 BLOCKER ST
RIDGELEY W VA 26753

BA-1317
01-05-68 LDW
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RIDGELEY W VA 26753

BA-1317
01-05-68 LDW
01-11-68 FIL
06-19-00 DOB

BERTIE A ROBERTSON

BERTIE A ROBERTSON
06-19-00 DOB
01-11-68 FIL

RRB FORM G-73a (4-65)

REQUEST FOR CERTIFICATION OR TRANSFER– SURVIVOR CLAIM

1 WAGE REQUEST FORWARDED TO SSA
DATE JAN 19 1969

2 NAME OF DECEASED EMPLOYEE (LAST-FIRST INITIAL-MIDDLE INITIAL)
ROBERTSON, S. G.
☐ FOREIGN RESIDENT

3 RRB CLAIM NO.
A —

8 SSA NO.
705-10-7709

4 DATE OF DEATH	5 DATE OF BIRTH	6 FEMALE	7 PRIOR S.M.
12-28-68	6-19-00	☐	44

9 OASI LAG EMPLOYERS AND ADDRESSES — FROM — TO

10 MILITARY SERVICE
BRANCH
FROM TO
FROM TO
VERIFIED BY ☐ SSA ☐ RRB ☐ PROOF ATTACHED

11 ☒ APPL. F/D OR ☐ DLW
1-11-68

12
☐ DEC'D WAS A PENSIONER $ — (AMT. OF PEN.) $ — (AV. MO. EARN.)
☐ DEC'D REC'D ANN. BEFORE 1948 BASED ON AT LEAST 10 YRS. SERVICE $ — (AV. MO. COMP.)

13 EFFECTIVE DATE(S) OF ANNUITY
1-6-68

14
DISABILITY FREEZE ESTABLISHED FROM — TO —
DISABILITY FREEZE ESTABLISHED BY SSA ☐ YES ☐ NO

15 LAG CODES
☐ (1)
☐ (2)
☐ (3)
☐ (4)

16 YEAR BEFORE DEATH LAG

YR	SM	COMP.

17 YEAR OF DEATH LAG

YR	SM	COMP.

18 ☒ C/C ☐ C/C BROKEN ☐ C/C UNKNOWN

19 COMPUTER PROCESSING CODES:

CODE	TYPE
(21) ☒	"A" CASE
(22) ☐	"A" CASE WITH AMC
(23) ☐	INITIAL "D"
(24) ☐	AME (PENSIONER)
(25) ☐	PA (PENSIONER)
(45) ☐	GROSS RESIDUAL ONLY
(46) ☐	RRB TRANSFER

20 TYPE OF PAYMENT:
A ☐ LUMP SUM
B ☒ MONTHLY ANNUITY O/M COMP. REQ'D.
C ☐ UNKNOWN O/M COMP. REQ'D.

21 JURISDICTIONAL DATA
A ☐ RRB DOES NOT HAVE JURISDICTION
B ☐ RESIDUAL PAID ELECTION MADE
C ☐ RESIDUAL PAID-NO ELECTION SA OR LSDP TO
D ☐ CLAIMS MATERIAL ATTACHED
E ☐ BENEFITS DEDUCTIBLE FROM GROSS RESIDUAL $
SIGNED
DATE

22 REMARKS:

EXAMINER	UNIT	DATE
Em	Dev	1-17-68

G-73a (4-65)

RRB FORM G-230 (2-67)

CHECK LIST FOR EMPLOYEE AND SPOUSE ANNUITY OR HIB APPLICATIONS

TO D/O:

DATE

RRB CLAIM NO.

CARD NO. (1-2) 01

SSA NO. (3-11) 705-10-7709

SORT CODE (12) 0

APPLICATION DEVELOPED — EMPLOYEE(13) — SPOUSE(14)

	EMPLOYEE(13)	SPOUSE(14)
Personally from applicant	☒ 1	☒ 1
Via mail from applicant	☐ 2	☐ 2
Received from employer	☐ 3	☐ 3

D/O: Altoona, Pa

DATE: 01-15-68

TYPE CODE (20-22): 100

NAME AND ADDRESS OF EMPLOYEE AND SPOUSE

Stanley G Robertson
39 Blocker St
Ridgeley, W Va 26753

Bertie A Robertson
same address

TELEPHONE NO. 738-9656

SECTION A--REGULAR ANNUITY AND HIB DATA

REQUIRED		2 ATT.	3 PREV. SUB.	4 TO BE SUB.	REQUIRED		2 ATT.	3 PREV. SUB.	4 TO BE SUB.
X	AA-1	X				AA-1d			
	AA-101		X						
X	POA 900		X			POA 900			
	POM/S					POM/S			
X	G-175a	X				G-176a			
X	AA-15	X				AA-15			
X	G-88a (set) 941			X		G-88a (set) 941			
	G-88b 949					G-88b 949			
	G-88c 942					G-88c 942			
	RR-4 950 (Emp.)					G-3 EMP			
X	AA-3	X				G-250			
	AA-103					G-250x-G-3x			
	AA-3a					G-271			
X	POA 901	X				RL-11			
X	POM 904	X				RL-11b			
X	G-346 930	X				RL-12 or RL-12b			
X	RR-4 951 (Sp.)	X				Specify M/E			
X	G-181a	X							
	G-318					G-318			
	G-319					G-319			
	G-320					G-320			
	POA/POR Child(ren)'s 902					POA/POR Child(ren)'s			

SECTION B--SUPPLEMENTAL ANNUITY DATA

Enter "X" in Applicable Box(es)

Informally Disallowed		
AA-1 (SUP) Attached		X
No Pension Rights	(19) 2	X
G-88p Released	(19) 3	
G-88p.1 Attached	(19) 4	

SECTION C--FORMS G-88a/G-88p DATA

NAME OF RAILROAD: Western Maryland Ry

NAME & TITLE OF RR OFFICIAL: T.R. Knight, Gen. Aud.

LOCATION: Baltimore, Md

DATE LAST WORKED: 01-05-68

DATE RELEASED: 01-15-68

OCCUPATION	LOCATION	TRACING DATE
Foreman Wprk-Equip.	Ridgeley, WVa	

REMARKS: (Also use this block to record information about any pending medical evidence)

Applicant states he did not belong to company supp. plan.

933-p 1/29/68

998 - TO COMP 1/29/68
(360)

FORM APPROVED
BUDGET BUREAU NO. 70-R047.10

FORM G-88a (1-66)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

EMPLOYER'S SUPPLEMENTAL REPORT OF SERVICE AND COMPENSATION

1 RRB Claim No. A— 705-10-7709 (1-2) 01

FEB 1968

2 Social Security Acct. No. [redacted] same (3-11)

3 Date Released 01-15-68 (12) 3

4
Mr. T.R. Knight
General Auditor
Western Maryland Rwy Co
300 St Paul Place
Baltimore, Maryland 21202

(19) 2
(20-22) 941
BA. NO. (23-26) 1317

5 Name *(First, Initial, Last)* (13-17) Stanley G Robertson

6 Address 39 Blocker St
Ridgeley, W Va 26753

7 Payroll No. 4542

8 Occupation Foreman-Work Equip.

9 Work Location Ridgeley, W Va

10 Dept. or Division Engineering

11 Date last worked *(Last date on payroll as employee)* (27-32)

MO.		DAY		YR.	
0	1	0	5	6	8

12 Date rights relinquished (33-38)

MO.		DAY		YR.	
0	1	0	5	6	8

INSTRUCTIONS TO EMPLOYER ON COMPLETION OF FORM

Check the dates shown in items 11 and 12 against readily available records. If a date shown is different from your records, line it out and show the correct date. (See item 14 of G-88a (SUP).)

Complete items 13 through 18 as required. Do not report more than $450 for any month before January 1966, nor more than $550 for any month after 1965.

If you allocate vacation pay to the date last worked, include it in item 13 or 14, whichever is applicable. If you allocate vacation pay to a period following the date last worked, fill in items 15 and 16. VACATION PAY ENTERED IN ITEM 15 MUST NOT BE INCLUDED IN COMPENSATION SHOWN IN ITEM 13 OR 14.

STATEMENT OF SERVICE MONTHS AND COMPENSATION

	MOS. (40-41)	COMPENSATION (42-47)
13 Show total number of months worked and total creditable compensation through date last worked *for current year* 19 68 (39)	1	619.90
14 If this report is completed before May 1, show total number of months worked and total creditable compensation *for preceding year* 19 67 (48)	12	6468.97

15 Vacation and other allowances for periods after date last worked

FROM (57-62)	TO (63-68)	AMOUNT (69-73)	REASON FOR PAYMENT (74) VA-1 OTHER-3 BP-2

16 If item 15 shows an allowance for a period after date last carried on payroll as an employee, answer the following:

Did the employee earn more than the maximum creditable amount in the last month he was employed?
(75) YES ☐ 1 NO ☐ 2

If "No," show his earnings for the last month: $ _____ (76-80)

17 Remarks

18 EMPLOYER CERTIFICATION by Railroad Contact Official or National Reporting Officer of Labor Organization
The information in this report is correct to the best of my knowledge and belief.

SIGNATURE T. R. Knight

TITLE General Auditor

DATE February 5, 1968

NOTE: IF THIS EMPLOYEE RETURNS TO COMPENSATED SERVICE, THE BOARD SHOULD BE NOTIFIED IMMEDIATELY

G-88a (1-66)

RRB FORM G-354
12-581

DETERMINATION OF AWARD
INSURANCE ANNUITY

3039114

1. ADMINISTRATIVE VOUCHER NO.

2.
- ⓒ ☐ FINAL CERT.
- ⑧ ☐ PARTIAL CERT.
- ① ☒ RECERT.
- ② ☐ REINST.
- ⑤ ☐ SUSP./REINSTATE.
- ③ ☐ REINST.-RECERT.
- ⑦ ☐ SUSP./REINSTATE.-RECERT.
- Ⓥ ☐ FORM PARTIALLY COMPLETED

3. EMPLOYEE'S MARITIAL STATUS AT DEATH
- MALE ⓒ ☒ MARRIED ① ☐ S.W.D.
- FEMALE ⑤ ☐ MARRIED ④ ☐ S.W.D.

4. RRA ① ☒ COMP.INS. ⑤ ☐ PART.INS.

SSA

AMR / ANC NO. EARN.	INCR. YRS.	BASIC AMT.	AMW	Y-PIA
$ 295	32	$ 99.05	$ 420	$ 158.20

5. CLAIM NO. WA

6. DECEASED EMPLOYEE Dr. Dan R. Peterson

7. EMPLOYEE'S S.S.A NO. 510-01-1107

8. DATE OF BIRTH 6-19-00

9. DATE OF DEATH 12-28-68

10. MILITARY SERVICE REDUCTION
- A. MONTHS OF M/S: TOTAL MONTHS OF SERVICE:
- B. INCREASE RESULTING FROM M/S $
- C. AMOUNT OF OTHER BENEFITS $
- D. M/S RATIO. DEDUCTION $

11. MILITARY SERVICE USED

	USED-NO REDUCTION	USED REDUCTION	NOT USED
M/S BEFORE 1937 OR AFTER 6-63	⑥ ☐	⑨ ☐	⑤ ☐
M/S AFTER 1936 AND BEFORE 7-63	⑥ ☐	⑦ ☐	⑦ ☐

12. ⓒ ☒ SPOUSE MIN.$ 104.55 $ AMC$ 254

13. RR ACT MAX. ☐ $207.15 $ ☐

14. O/M ☐ MAX.5 ⑦ ☐ NO I.P.I. ⓒ ☐ I.P.I.

15. ⓒ ☐ PORTION OF ANNUITY WAIVED

16. SYM	RELATIONSHIP OR NAME	DATE OF BIRTH	CLAIM FILED	RR ACT FORMULA: BASIC RATE	TABLE OR MIN.	REDUC-TION FOR SS ENT.	REDUC-TION FOR AGE	REDUC-TION FOR M/S	ADJUSTED ANNUITY	SS ACT FORMULA: ORIGINAL BENEFIT	OTHER ① ☐ RA ⑥ ☒ SS	ADJUSTED BENEFIT	O/M RATE	ACT. ADJ.	VOUCH NO	SSA ACCOUNT NO OR CLAIM NO.	VOUCH NO
W	Wife	9/17/01	1/9/64	$ 99.05	$ 19.14	$ 4.90	x.025 $	$	$ 104.50	$	$ 57.40	$	$	$	✓	220-16-5800	

17. REMARKS

RL 451 Rec'd Pd1 CBD 12-28-68

18. PAYMENT SUMMARY

SYM.	ACCRUED PAYMENTS: NO. RATE	FROM	TO	NO. MOS.	AMOUNT	DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED): MO. RATE	FROM	TO	NO. MOS.	AMOUNT	NET AMOUNT DUE
W	$ 104.55	12-1-68	2-28-69	3	$ 313.65	$ 104.50	12-1-68	2-28-69	3	$ 313.50	$ .15

RECOVERY FOR: ① RUIA ACCT. $ SSA $

SMIB	20. SYM.	21. CODE	22. DATE EFF.	SMIB PREM.	$
	W	2			

19. SMIB ENROLLMENT CODES
- ① 1ST ENROLL.
- ② NO RESPONSE
- ③ NOT ENROLLED
- ④ 1ST TERM.
- ⑤ 2ND ENROLL.
- ⑥ 2ND TERM.
- ⑦ SSA JURISDICTION
- ⑧ PREM. PAID BY STATE
- ⑨ DUAL ANNUITANT

23. CERTIFICATION OF PAYMENT ONE PAYMENT ONLY ☐ RECURRING PAYMENT ☒

LN	PAYEE CODE	NAME & ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT WHOSE NAME ALSO APPEARS BELOW
1	0	DEWITT A. PETERSON
2	F	327 PLOCK ST
3	1	PLACEVILLE UTAH 84753
4		
5		

LAST PREVIOUS MO. RATE	$ 104.50
MO. RATE OR SHARE	$
SMIB PREMIUM	$
MO. RATE PAID	$ 104.55
NET AMOUNT PAID	$ -0-

REPRESENTATIVE PAYEE:
- A. Court appointed payee ① ☐
- B. Payee-neither court appointed nor parent ⑨ ☐ for child
- C. Parent for child(rea) ⑤ ☐

RESEARCH USE

CLAIMS EXAMINER DATE 2-20-69

COMPUTER DATE

AUTHORIZED Waves - 217 DATE 2-IX-69

G-354 12-581

1-14-Ltr

RRB FORM G-659a (9-66)

CHECK LIST FOR SURVIVOR APPLICATIONS

1. TO D/O:	2. DATE	3. RRB CLAIM NO.
		A-705-10-7709
4. NAME OF DECEASED EMPLOYEE: Stanley G Robertson		5. SSA NO. 705-10-7709

6. EMPLOYEE DIED: COMPLETELY (FULLY) INSURED ☐ RRB ☐ SSA ☐ NEITHER	7. DOD	8. LAST RAILROAD EMPLOYER	9. ☐ WIA BEING PAID AT MA RATE	10. CHECK OUTSTANDING DATED:

11. D/O	12. DATE	13. ☐ FAST PAY CASE
Altoona, Pa (311)	011369	☐ HQ SELECTED ☐ FIELD SELECTED ADVANCE NOTICE SENT ☐ FIELD SELECTED NO ADVANCE NOTICE

14. NAME, ADDRESS, AND TELEPHONE NUMBER OF SURVIVOR(S) OR APPLICANT(S)	DATE OF BIRTH	RELATIONSHIP OR TITLE	APPLICATION RECEIVED REQ.	RECEIVED PERSON	RECEIVED MAIL	RECEIVED EMP.	FORM NUMBER
Bertie A Robertson 39 Blocker St Ridgeley, W V 26753 738-9656	071797	widow		x			AA-17a

15. REQUIRED FORMS AND DOCUMENTS		ATT.	PREV. SUB.	TO BE SUB.
x	POD 12-28-68	x		
x	POM DOM:		x	
x	POA AND/OR POR OF: Bertie A Robertson		x	
x	G-476a	x		
	RL-94-F			
	RL-113			
x	RR-4	x		
	POM/S			
	PO PAYMENT B/E:			
	PO PAYMENT LI/E:			
	PO APPT. LEGAL REP.			
	DEPEND. STATEMENT OF PARENT OR G-467			

16. REMARKS

17. FOR HEADQUARTERS USE ONLY

☐ G-73a and att. released on (date)

☐ G-90 ☐ G-88a ☐ G-438 ☐ OA-C794 ☐ RR-90

☐

☐ G-73a not released

RRB FORM G-659a
(9-66)

CHECK LIST FOR SURVIVOR APPLICATIONS

1. TO D/O:	2. DATE 1-17-68	3. RRB CLAIM NO. A —
4. NAME OF DECEASED EMPLOYEE		5. SSA NO. 705-10-7709

6. EMPLOYEE DIED: COMPLETELY (FULLY) INSURED ☐ RRB ☐ SSA ☐ NEITHER	7. DOD	8. LAST RAILROAD EMPLOYER	9. ☐ WIA BEING PAID AT MA RATE	10. CHECK OUTSTANDING DATED:

11. D/O	12. DATE	13. ☐ FAST PAY CASE ☐ HQ SELECTED ☐ FIELD SELECTED ADVANCE NOTICE SENT ☐ FIELD SELECTED NO ADVANCE NOTICE

14. NAME, ADDRESS, AND TELEPHONE NUMBER OF SURVIVOR(S) OR APPLICANT(S)	DATE OF BIRTH	RELATIONSHIP OR TITLE	APPLICATION RECEIVED REQ.	RECEIVED PERSON	RECEIVED MAIL	RECEIVED EMP.	FORM NUMBER

15. REQUIRED FORMS AND DOCUMENTS	ATT.	PREV. SUB.	TO BE SUB.
POD			
POM DOM:			
POA AND/OR POR OF:			
G-476a			
RL-94-F			
RL-113			
POM/S			
PO PAYMENT B/E:			
PO PAYMENT LI/E:			
PO APPT. LEGAL REP.			
DEPEND. STATEMENT OF PARENT OR G-467			

16. REMARKS

17. FOR HEADQUARTERS USE ONLY

☑ ~~G-73a~~ and att. released on (date) JAN 1 7 1969

☐ G-90 ☑ G-88a ☐ G-438 ☐ OA-C794 ☐ RR-90

☐

☐ G-73a not released

G-659a (9-66)

XEROX FORM G-96 (4/63)

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILLINOIS

Check No. 40,091,972

SYMBOL 1078

RAILROAD RETIREMENT BOARD
RETURNED CHECK NOTICE
TERMINATION OR SUSPENSION OF PAYMENTS

1-2-69
Date Returned

15-51
000

DO NOT FOLD, SPINDLE OR MU
KNOW YOUR ENDORSER - - REQUIRE ID

PAY TO THE
ORDER OF STANLEY G ROBERTSON
39 BLOCKER ST
RIDGELEY WV 26753

MONTH	DAY	YEAR
01	01	69

A705-10-7709
72 1

DOLLARS	CTS.
$***212	55

RR RET BEN

NOT NEGOTIABLE

01

:0000:0051:

TERMINATION

INSURANCE ANNUITANT

Prefix JA, W or WC

- ☐ 41 Beneficiary died
- ☐ 42 Beneficiary (child) attained age 18 or disabled child (18 or over) recovered from disability
- ☐ 44 Beneficiary (child) married or adopted, or widow or parent remarried
- ☐ 48 Widow's current annuity ter-

SPOUSE ANNUITANT

Prefix MA or MH

- ☐ 51 Spouse died
- ☐ 53 Spouse under age 65 no longer has "child" in her care
- ☐ 57 Spouse divorced
- ☐ 59 Annuitant's or pensioner's benefit terminated

SUSPENSION

INSURANCE ANNUITANT

Prefix JA, W or WC

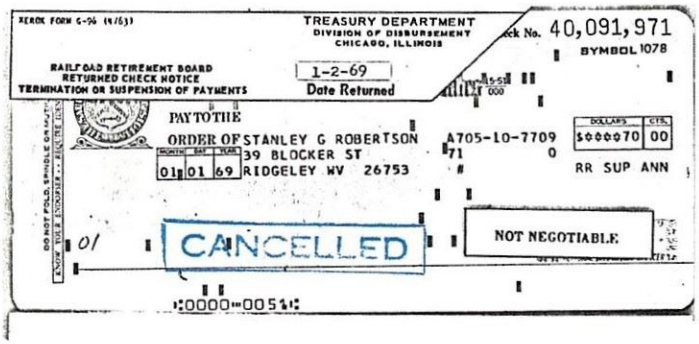
- ☐ 11 Beneficiary in employer service
- ☐ 12 Beneficiary under age 72--- earnings exceed $1200 per year
- ☐ 14 Widow does not have entitled child in her care
- ☐ 18 Payee not determined

SPOUSE ANNUITANT

Prefix MA or MH

- ☐ 52 Spouse worked in employer service
- ☐ 58 Annuitant's benefit suspended
- ☐ 56 Other (See Remarks)

RET. ANNUITANT OR PENSIONER



XEROX FORM G-96 (4/63)

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILLINOIS

Check No. 40,091,971
SYMBOL 1078

RAILROAD RETIREMENT BOARD
RETURNED CHECK NOTICE
TERMINATION OR SUSPENSION OF PAYMENTS

1-2-69
Date Returned

PAY TO THE
ORDER OF STANLEY G ROBERTSON
39 BLOCKER ST
RIDGELEY WV 26753

MONTH 01 DAY 01 YEAR 69

A705-10-7709
71 0
RR SUP ANN

DOLLARS $****70 CTS 00

01

CANCELLED

NOT NEGOTIABLE

DO NOT FOLD, STAPLE OR MUTILATE
KNOW YOUR ENDORSER — REQUIRE IDENTIFICATION

:0000-0051:

FORM APPROVED
BUDGET BUREAU NO. 70-R294

FORM NO. G-273
(3-63)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

STATEMENT OF DEATH BY FUNERAL DIRECTOR

1. Name of Deceased	2. RRB Claim No.
Stanley Gerant Robertson	A-705-10-7709

3. Sex	4. Social Security Account No.
MALE ☒ FEMALE ☐	705-10-7709

5. Date of Death	6. Place of Death
12/28/68	Cumberland, Md.

I hereby certify that the undersigned is an authorized funeral director and prepared for burial or buried the body of the person named above. I understand this statement may be used in connection with an application for benefits payable under the U. S. Railroad Retirement Act.

Address of Funeral Director or Firm	Name of Funeral Director or Firm
202 Greene St. (STREET ADDRESS)	George Funeral Home
Cumberland, (CITY) 21502 (ZONE)	H. Wayne George (SIGNATURE)
Maryland (STATE)	Owner (TITLE) 1/3/69 (DATE)

PENALTIES

SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY .... INDIVIDUAL .... WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR, OR BOTH."

G-273 (3-63)

FORM G-476a
(1-69)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

Employee's RRB Claim No.														
Employee's SSA No.	705-10-7709													
Name of Employee	STANLEY G ROBERTSON													
Name of Applicant	BERTIE A ROBERTSON													
Field Office No.	3	1	1	Officially Filed	MO.		DAY		YR.					
					0	1	0	9	6	9				
By	F. Hamilton													

CERTIFICATION BY APPLICANT FOR INSURANCE ANNUITY

I have a pamphlet (G-476) which tells how work and certain events affect a survivor annuity. The contents have been explained to me.

I understand that I must tell the Board:

- If I work for any employer in the railroad industry,
- If I will earn more than $1,680 in a year from a non-railroad job or self-employment and I am under age 72 in any month of that year,
- If at any age I file an application with the Social Security Administration for monthly benefits based on either my own or another person's earnings record,
- If at age 65 or later I am, or become, insured under the Social Security Act, whether or not I file for benefits, or
- If any other event occurs that affects my annuity.

I also understand that if I am receiving an annuity for someone else, I must report any event which affects that person's annuity.

Bertie A Robertson
(SIGNATURE OF APPLICANT)

This form was signed by the applicant,

in my presence, on 01 (MONTH) 09 (DAY) 69 (YEAR)

at CUMBERLAND (CITY) MD (STATE)

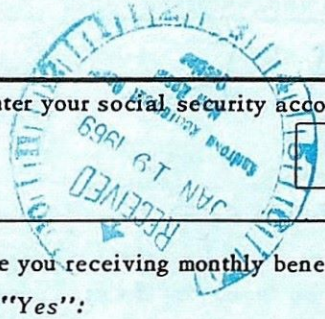
F. Hamilton
(SIGNATURE OF BOARD REPRESENTATIVE)

FORM APPROVED
BUDGET BUREAU NO. 70-R306

FORM G-476c (1-69)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

REPORT OF FORMER WIFE-ANNUITANT

(No Entitled Child In Her Care)



1. Enter your social security account number. *(If none, write "None")* ☐☐☐ – ☐☐ – ☐☐☐☐

2. Are you receiving monthly benefits under the Social Security Act? . . . . . ☐ YES ☐ NO

If "Yes":

(a) Give date benefits began: _____.

(b) Give amount of monthly benefits: $_____.

(c) Are the benefits based on your own employment? . . . . . ☐ YES ☐ NO
If "No," give name of person on whose earnings account you are receiving benefits and his social security account number:

NAME	SOCIAL SECURITY ACCOUNT NUMBER

3. *For this entire year* (January 1 through December 31) do you expect that your total earnings from employment for hire and self-employment will exceed $1,680? . . . . . ☐ YES ☐ NO

If "Yes":

(a) Give estimated total amount of earnings for this year: $_____.

(b) Beginning with January of this year, or with the month in which your husband died if that is later:

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
Place "X" in box for each month in which you earned more than $140 as an employee:												
Place "X" in box for each month in which you worked in self-employment:												

(c) Are you now working for more than $140 a month or working in self-employment? . . . . . ☐ YES ☐ NO

4. *Answer this question only if the employee died before January 1 of this year.*

During the preceding calendar year did you work in employment for hire or self-employment? . . ☐ YES ☐ NO

If "Yes":

(a) Give your total earnings for last year: $_____.

(b)

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
Place "X" in box for each month in which you earned more than $140 as an employee:												
Place "X" in box for each month in which you worked in self-employment:												

CERTIFICATION

KNOWING THAT ANYONE WHO MAKES ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER THE RAILROAD RETIREMENT ACT IS COMMITTING A CRIME PUNISHABLE UNDER THAT LAW, I CERTIFY THAT THE DATA FURNISHED IS CORRECT.

DATE SIGNED	SIGNATURE OF PERSON MAKING THIS REPORT
ADDRESS (NUMBER AND STREET)	CITY, STATE & ZIP CODE